



Clothing Reimbursement Form

Employee Name: _____

Department: _____

Phone Number: _____ Today's Date: _____

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Please list the items below you'd like reimbursement for. Must attach a copy of the itemized receipt.

Item Name	Amount	Date Purchased

Total Reimbursement: \$ _____

I certify that I personally purchased these items to wear for work purposes. I understand that I am entitled to \$300 per fiscal year of reimbursement and that the reimbursement must occur during the same fiscal year the item(s) were purchased.

Signature

Date

Please return this form to Payroll.